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ABSTRACT

The manual examines eight topics regarding the education of deaf blind students in Georgia (sample subtopics in parentheses): definitions; eligibility criteria; due process (placement, exit criteria); program organization (philosophy, delivery models); instructional programs (related services); program evaluation (family services, rehabilitation, public relations); additional resources (associations, advocacy); and state schools. (CL)

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Volume XI
Deaf/Blind

Resource Manuals For Program For Exceptional Children

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Office of Instructional Services
Division of Special Programs
Program for Exceptional Children
Georgia Department of Education
Atlanta, Georgia 30334

Charles McDaniel
State Superintendent of Schools
1980

EC140092

Resource Manuals for Program for Exceptional Children

Resource manuals in this series include the following:

Volume I	Severely and Trainable Mentally Retarded
Volume II	Educable Mentally Retarded
Volume III	Behavior Disorders
Volume IV	Specific Learning Disabilities
Volume V	Visually Impaired
Volume VI	Hospital/Home Instruction
Volume VII	Speech and Language Impaired
Volume VIII	Physically and Multiply Handicapped/System Occupational and Physical Therapists
Volume IX	Hearing Impaired
Volume X	Gifted
Volume XI	Deaf/Blind

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Coordinator for Physically Handicapped
Georgia Department of Education

Stephanie Dirst
Director
Georgia Center for the Multiply Handicapped

Michael Weinroth
Associate Director of Special Education
Gwinnett County Public Schools

Robert Fore
Academic Supervisor
Georgia Academy for the Blind

Foreword

Georgia is committed to the belief that every exceptional child has a right to receive an education based on his or her individual needs.

The need for developing standards and guidelines for comprehensive programs for exceptional children in our schools has emerged from state and federal legislation. The three major laws affecting the education of exceptional children in Georgia follow.

Adequate Program for Education in Georgia Act (APEG)
Section 32-605a, Special Education

"All children and youth who are eligible for the general education program, preschool education, or who have special educational needs and three and four year old children who are either physically, mentally or emotionally handicapped or perceptually or linguistically deficient shall also be eligible for special education services. Children, ages 0-5 years, whose handicap is so severe as to necessitate early education intervention may be eligible for special education services."

Effective date: July 1, 1977

P.L. 94-142, Education for All Handicapped Children Act of 1975

The full services goal in Georgia for implementation of P.L. 94-142 states:

"All handicapped children ages 5-18 will have available to them on or before September 1, 1978, a free appropriate education. Ages 3-4 and 19-21 will be provided services by September 1, 1980, and 0-2 by September 1, 1982, if funds are available.

Effective date: September 1, 1978

Section 504 of P.L. 93-112, The Vocational Rehabilitation Act of 1973

"No otherwise qualified handicapped individual shall solely by the reason of his/her handicap be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."

Effective date: June 1, 1977

The purpose of the *Resource Manuals for Programs for Exceptional Children* is to help local education agencies implement these laws and provide quality programs for exceptional children.

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Chapter I
Definition

"Deaf/blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that students cannot be accommodated in special education programs solely for deaf or blind children.

Chapter II
Eligibility Criteria

Placement and Eligibility

For a child to be determined eligible for placement in special programs for the deaf/blind, the child must have the following.

- Current medical report from a physician or physicians qualified to assess the child's physical problems, indicating a description of handicapping conditions and any medical implications for instruction.
- Current audiological and ophthalmological examinations from qualified professionals.
- Current Individualized Educational Program (IEP) developed through an appropriate staffing.

Enrollment

Maximum case load is six for a teacher who teaches in a self-contained classroom and four for a resource/itinerant teacher.

The case load number for an itinerant teacher may vary according to geographic distances covered and severity of handicaps of children served. In the self-contained classroom it is recommended an aide be provided full-time. A deaf/blind child may also be served in other classes serving handicapped children; however, a ratio of one to six should be maintained.

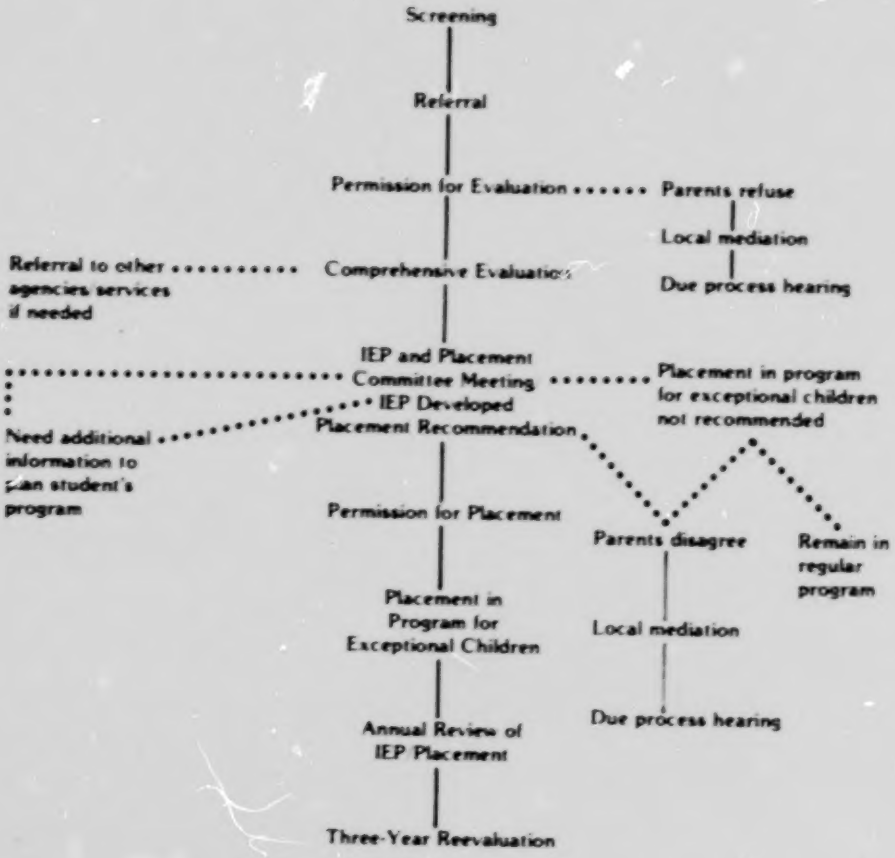
In addition to the information contained under General Provisions of the Special Education Regulations and Procedures, facilities and equipment under the Hearing Impaired and Visually Impaired will be provided to the deaf/blind child.

Chapter III
Due Process

Introduction

Parents' and children's rights under P.L. 94-142 are protected through a procedural due process structure. The child, the parents and the schools are involved in the specifics of due process.

The following is a chart of due process procedures.



Screening
Specific to disability of the child

Referral
Referral is the process whereby parents or guardians, the students themselves, school personnel, appropriate public agencies or other professionals may request assessment of a student's abilities.

Comprehensive Evaluation

Initial Evaluation
All children who are considered for special education services must be screened for possible hearing and vision difficulties prior to educational or psychological evaluations.

Before any action is taken on placing a handicapped child in a special education program, a full and individual evaluation must be conducted in accordance with the following. The local education agency (LEA) must use appropriate evaluation procedures including trained evaluation personnel, multidisciplinary teams, validated and nondiscriminatory assessment, the language or other mode of communication commonly used or understood by the child and more than one procedure or instrument.

The local school system must have signed, informed parental consent on file before any child is singled out for any evaluation other than routine screenings happening to all children at some point in their school year (e.g., mass vision, dental, hearing and speech screening unless parent has previously filed a form of protest).

All children enrolled in special education programs shall be comprehensively reevaluated educationally or psychologically at least every three years. With the approval of the placement committee, the reevaluation may take place within the three-year period upon request of any person having the original authority to make an initial referral.

Individualized Education Program (IEP)
An IEP is developed for each handicapped child who is receiving or will receive special education. This requirement applies to all public agencies. The total IEP, including long- and short-term objectives, is developed prior to placement in a special education program.

The IEP shall be developed in an individualized planning conference initiated and conducted by the responsible agency.

A student should have one IEP, even if enrolled in two or more special education programs.

The IEP is an educational and related services plan and not a binding contract for which the agency is responsible if the child does not achieve the growth projected in the goals and objectives. However, the local education agency does provide those services that are listed in a child's IEP.

- ***Participants in Individualized Planning Conferences***

The meeting participants will include

a representative of the agency, other than the child's teacher who is qualified to provide or supervise the provision of special education
(This does not exclude other qualified special education instructors.)

the child's teacher or teachers, special or regular or both, who have a direct responsibility for implementing the IEP.

The responsible agency shall make every effort to insure that each individualized planning conference includes
- one or both of the parents;
- the child, when appropriate;
- other individuals at the discretion of the parent or agency.

For a handicapped child who has been evaluated for the first time, the responsible agency insures that a member of the evaluation team or someone who is knowledgeable about the evaluation procedure and familiar with the evaluation results participates in the meeting.

- ***Parent Participation***

  Each responsible agency will make every effort to insure that the parents of the handicapped child are present at the individualized planning conference or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed upon time and place and notifying the parents of the meeting early enough to insure that they will have an opportunity to attend. Notification to parents must indicate the purpose, time and location of the meeting and who will be in attendance. All communications to parents will be in both English and the primary language of the time, if the primary language is other than English.

  A meeting may be conducted without a parent in attendance if the responsible agency is unable to convince the parents that they should attend. In this case, the responsible agency must record its attempts to involve the parent(s). The attempts may include (a) a written waiver of the parent's right to participate, **in accordance with due process procedures**, (b) telephone calls, (c) correspondence and (d) home visits.

  Upon request, parents are given a copy of the IEP.

  Upon request of the parents, a formal due process hearing will occur in conformance with procedures outlined in Georgia's Annual Program Plan.

- ***Content of IEP***

  The IEP will include

  a statement of the child's present levels of educational performance;

  a statement of annual goals including short-term instructional objectives;

  a statement of the specific special education and related services to be provided to the child and the extent to which the child will be able to participate in regular educational programs;

  the projected dates for initiation of services and the anticipated duration of the services;

  appropriate objective criteria, evaluation procedures and schedules for determining on at least an annual basis, whether the short-term instructional objectives are being achieved.

Placement

- ***Initial Placement***

  No student will be placed in a special education program until that student is the subject of a meeting of the Special Education Placement Committee, which reviews all pertinent information and determines the appropriate program for that child.

  The determination to place any child into a special education program will not be made exclusively or principally upon results of tests administered during evaluation. All pertinent data on each child should be reviewed by the entire committee.

  Placement committee meeting minutes must be kept.

- ***Signed Parental Consent***

  All children who are evaluated for possible special education services are subject to review by the placement committee. All children who are recommended by the placement committee to be placed in a special education program must have signed, informed parental consent on file within the school system before placement can occur.

- ***Special Education Placement Committee — Reevaluation***

  Upon the request of any person having the original authority to make initial referral, but no later than three years after the last placement decision, each child enrolled in a special education program will be the subject of a meeting of the Special Education Placement Committee which will review all pertinent information and determine the appropriate program for the child based upon the new information.

  Any time a change in educational placement is contemplated, the pertinent information must be reviewed and change approved by the placement committee and the child's parents.

Confidentiality
LEAs maintain records and reports on handicapped children. These records and reports contain confidential data. Each LEA must provide instruction to persons collecting or using personally identifiable data. This instruction informs LEA personnel of policies and procedures for the use of confidential data.

Exit Criteria
Specific to disability of the child

For further information on due process or other procedural safeguards in effect in Georgia, refer to *Program for Exceptional Children Regulations and Procedures Georgia Department of Education* and *Georgia's Annual Program Plan for P.L. 94-142*. Copies of these documents are available in the office of each local school superintendent, director of special education, or local Georgia Learning Resource System.

Additionally, information on local system procedures is contained in the local system's Special Education Comprehensive Plan which is also available from the local school superintendent or special education director.

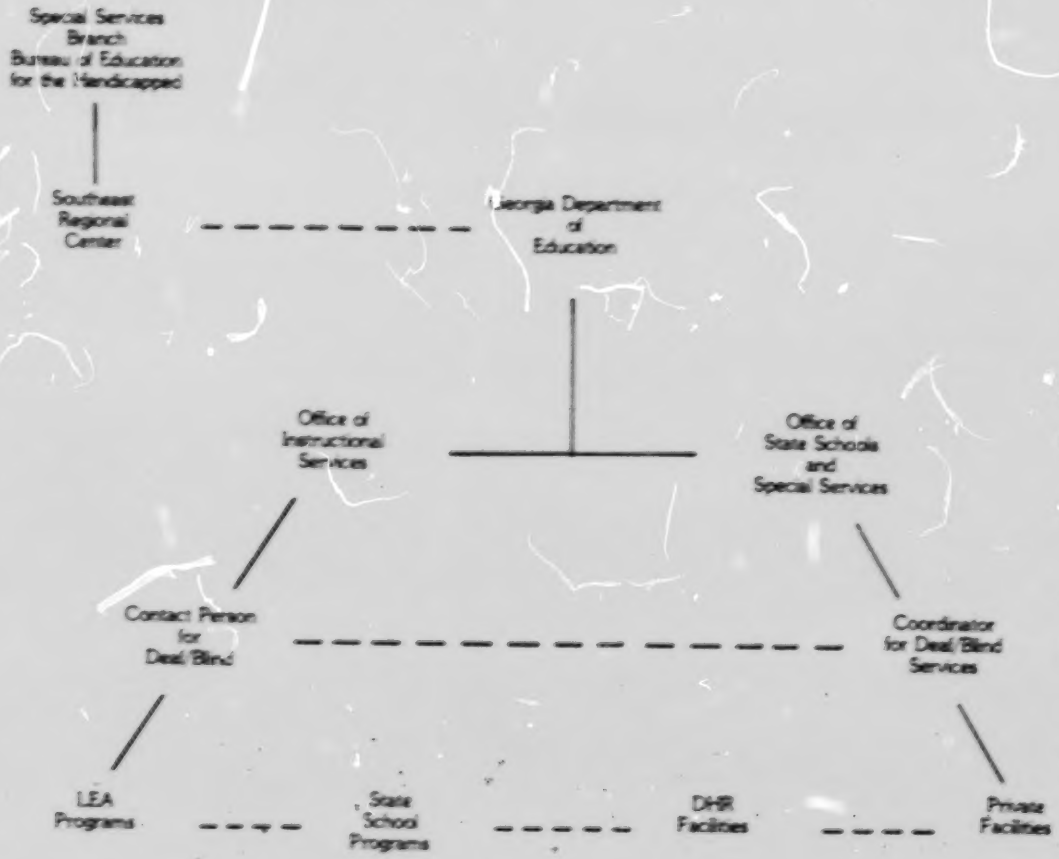
Chapter IV
Program Organization

Philosophy

Children who are deaf/blind should have educational opportunities commensurate with their needs, abilities and capacities. In order that all deaf/blind children may derive the benefits from the program best suited to their needs, a continuum of programs from preschool through high school should be available.

Children should be admitted only into those programs that provide for the materials, techniques, special curricular areas and qualified teachers necessary to make their educational experience meaningful and relevant to their needs.

Program Organization Chart



Special Services Branch — Bureau of Education for the Handicapped

The Special Services Branch, Bureau of Education for the Handicapped is responsible for implementing P.L. 91-230 which established the regional centers for deaf/blind in the United States. The United States Congress has established a funding level of $16 million per year for the regional centers through 1983.

Southeast Regional Center for Deaf/Blind

The Southeast Regional Center for Deaf/Blind shall actively assist in the planning, development and operation of the regional center; the dissemination of information regarding the regional center's programs; the assessment of regional needs regarding deaf/blind children and the establishment of priorities respecting those needs for the region; and the evaluation of the extent to which the objectives of the regional center meet established short- and long-range regional goals.

The states served by the Southeast Regional Center for Deaf/Blind are Florida, Georgia, Alabama, Kentucky, Tennessee and Mississippi. For further information please contact

Coordinator
Alabama Institute for Deaf and Blind Children
Southeast Regional Center for Deaf/Blind Children
P. O. Box 698
Talladega, Ala. 35160
Telephone (205) 362-8460

Contact Person for Deaf/Blind

The contact person for deaf/blind is the individual who coordinates state services with the regional center. The state contact person for Georgia is in the Georgia Department of Education, Office of Instructional Services. For information contact

301 Education Annex
Atlanta, Ga. 30334
Telephone (404) 656-6317

State Coordinator for Deaf/Blind

The coordinator for deaf/blind is located in the Georgia Department of Education, Office of State Schools and Special Services.

312 State Office Building
Atlanta, Ga. 30334
Telephone (404) 656-2537

The coordinator's responsibilities are

keeping the deaf/blind register for the State of Georgia;

provide assistance and consultant services to programs in Georgia serving or desiring to serve deaf/blind;

prepare various state and federal reports on deaf/blind for submission to appropriate offices;

plan and conduct in-service activities for teachers, parents, aides and other appropriate personnel dealing with educational programs and services for the deaf/blind;

plan and coordinate needed services for deaf/blind with other agencies, i.e. Department of Human Resources facilities, private agencies, LEAs and State Schools;

distribute current information to parents, teachers and others regarding the status of services to deaf/blind in Georgia;

assist in appropriate educational placement of deaf/blind individuals in Georgia;

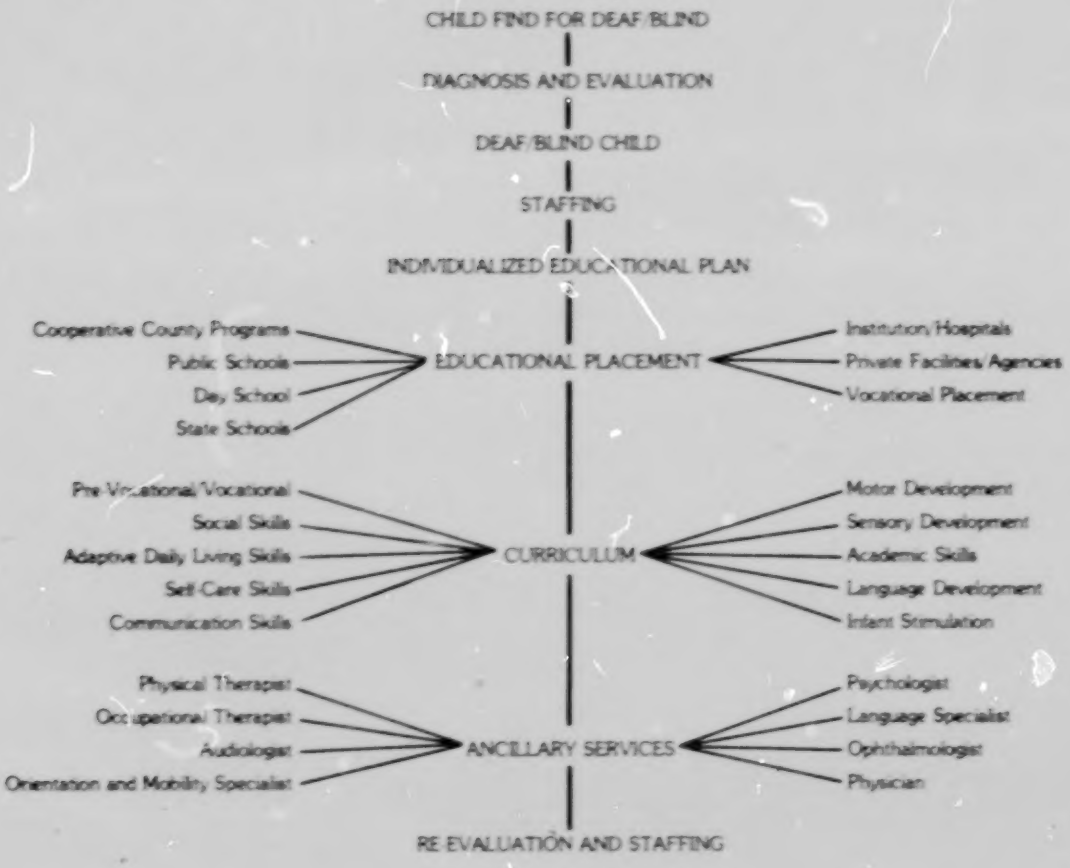
coordinate in conjunction with LEA and other agencies, child-find for deaf/blind children.

Services provided to the local education agency upon request include

consultant services regarding placement and programming for deaf/blind children;

inservice in the area of deaf/blind for staff, tailored to meet identified needs;
referral to appropriate agency or agencies serving deaf/blind;
provision of appropriate materials for deaf/blind or a listing where such materials may be obtained;
parental services and limited home services.

Service Delivery Model



Personnel

A teacher working with deaf/blind students should possess the following general competencies.

Knowledge of modes of communication

Knowledge of auditory and visual impairments

Awareness of normal development

Behavior management skills

Familiarity with characteristics of a deaf/blind child

Observation skills

Task analysis

Mobility skills

Awareness of motor development

Awareness of prelinguistic development

How to formulate goals and objectives

Knowledge of learning theory

Ability to motivate a child

Ability to view the total chid and his needs

Documentation skills

Ability to interpret medical reports

Ability to administer tests

Additional competencies needed by a teacher of the deaf/blind are

- **Language**

  Knowledge of normal language development

  Knowledge of prelinguistic behaviors

  Ability to select an appropriate mode of communication and to present a language model (fingerspelling, signing, speech)

  Ability to teach language structure in various methods

  Techniques to stimulate expressive language

  Understanding the effects of sensory losses/retardation/brain damage on language development

- **Vision**

  Knowledge of functional implications of types and degrees of visual loss

  Knowledge of how to use and maintain low vision aids

  Ability to assess vision functioning

  Ability to interpret eye reports

- **Hearing**

  Knowledge of functional implications of types and degrees of hearing loss

  Knowledge of how to use and maintain a hearing aide

  Ability to assess auditory functioning

  Ability to interpret audiological reports

- **Self-help**

  Knowledge of normal developmental sequences (feeding, dressing, toileting . . .), from the basic to higher level daily living skills

  Ability to use task analysis and backward chaining

  Ability to adapt teaching methods to partially sighted and totally blind children

- **Cognition**

  Knowledge of normal cognitive development

  Ability to collect, prepare and modify materials

  Methods of teaching concept development

  Understanding techniques and the importance of sensory stimulation

- **Motor**

  Knowledge of normal development

  Ability to make adaptations for physical handicaps

  Knowledge of methods and techniques for training motor development

  Knowledge of adaptive equipment

- **Socialization/Behavior**

  Knowledge of normal social development

  Knowledge of methods for handling behavior problems (especially knowledge of behavior modification techniques)

  Knowledge of basic children's games and the ability to adapt for the deaf/blind

  Awareness of numerous leisure time activities

Certification

Georgia does not offer certification in the area of deaf/blind. Certification in the areas of visual disabilities, hearing impaired, multihandicapped, mental retardation and behavior disorders are recommended for those teaching deaf/blind children. The following colleges/universities offer programs in the area of deaf/blind.

Georgia Peabody College for Teachers
Nashville, Tenn. 37203

California State University
Los Angeles, Calif. 90032

San Francisco State University
San Francisco, Calif. 94132

Boston College
Chestnut Hill, Mass. 02167

Michigan State University
East Lansing, Mich. 48824

Hunter College
New York, N.Y. 10017

Ohio State University
Columbus, Ohio 43210

Persons holding degrees from these programs will be certified in either deafness or blindness in the State of Georgia. For further information on certification in Georgia please contact

Teacher Certification Services
Georgia Department of Education
209 State Office Building
Atlanta, Ga. 30334
(404) 656-2406

Inservice

Staff development is a necessary and integral part of any program. When serving the deaf/blind, staff development is of major importance due to the serverity of the handicap, constant changes and innovations in the field.

The following types of staff development are available yearly to all personnel dealing with deaf/blind children.

Local workshops that are designed to meet specific needs of the staff working with deaf/blind children.

Regional and state workshops so that common needs and concerns are discussed and solutions offered.

Staff development is made available to programs serving deaf/blind children through the Office of the State Coordinator of Deaf/Blind Services.

Also included in staff development for the deaf/blind program are in-service training for parents and guardians. This training would also be made available through the state coordinator's office.

Areas to be covered in staff development depend upon the unique needs of the participants.

Facilities

For the deaf/blind child to maximize his or her educational progress, it is necessary to have adequate facilities. Some basic components that must be available to deaf/blind children in terms of facilities are as follows.

- A structurally barrier-free facility to allow access to the nonmobile deaf/blind child (This would include special handrails, adapted toilet facilities, skid-proof mats at doorways, etc. This should be compatible with section 504 of the Rehabilitation Act of 1973.)
- A standard classroom that has been acoustically treated and has special lighting as required for the visually impaired.
- If residential services are needed, appropriate dormitories for the deaf/blind following the same general requirements as for classrooms.
- Any special facility requirements necessary for ancillary services.

Chapter V
Instructional Program

Assessment

Before an adequate and appropriate educational plan can be developed and implemented for the deaf/blind individual, thorough and comprehensive diagnosis and evaluation are necessary. Included in the diagnosis and evaluation, but not limited to, are

ophthalmological examination by a qualified ophthalmologist;

audiological examination by a licensed audiologist;

psychological examination by a psychologist familiar with deaf/blindness;

general physical examination by a competent physician familiar with deafness/blindness.

Results of above examinations and recommendations will be available at a staffing of the deaf/blind individual. Any special examinations or medical-related recommendations should be accomplished before the staffing.

Currently, the Georgia Academy for the Blind and the Georgia Center for the Multihandicapped possess the expertise to evaluate deaf/blind children.

Characteristics of Deaf/Blind

Each child is unique regardless of his or her condition; however, with the deaf/blind person, especially those whose deafness or blindness was caused by Rubella, the following behaviors are frequently noted.

eye poking

rocking

hand flicking

light gazing

teeth grinding

perserveration of vocalization or movement

delayed acquisition of self-help skills, motor skills and communication system

erratic behavior

no obvious response to environmental sounds

Sensory and physical conditions frequently observed are

- Sensory defects — nystagmus, strabismus, congenital cataracts, sensory-neural hearing loss, high frequency hearing loss
- Physical defects — small, frail body, microcephaly, heart defects, lack of coordination

If a child exhibits a majority of the above characteristics deafness/blindness may be indicated.

Suggested Professional Resources

- **Georgia Academy for the Blind**

  The Georgia Academy for the Blind is a state supported residential school serving visually handicapped, visually impaired/multihandicapped, and deaf/blind individuals age five to 21. The academy provides fulltime educational and residential programs for students statewide.

  A program of technical assistance in the form of diagnostic and evaluation services is available at no cost to local school systems and other agencies. Individuals who are suspected of having a visual handicap or a visual handicap with any combination of additional handicaps may be referred for diagnostic and evaluation services. Inquiries should be addressed to

  Education Supervisor
  Georgia Academy for the Blind
  2895 Vineville Ave.
  Macon, Ga. 31204
  (912) 744-6085

- **Georgia Center for the Multihandicapped**

Services

Comprehensive educational, psychological and medical evaluations for multihandicapped children are provided by the Georgia Center for the Multihandicapped. The program is a cooperative effort of the Department of Special Education of the Clayton County School System, the Georgia Department of Education and the Georgia Learning Resources System (GLRS).

Evaluations services are available statewide for children ages zero through 21 who are suspected to have more than one handicap.

The evaluation, which usually takes two weeks, is free of charge. The evaluation, travel, lodging and operational costs are paid for by the Georgia Learning Resources System and a Title VI-B grant from the Georgia Department of Education.

Procedure

Each child is seen daily by the teaching staff in fully equipped diagnostic classrooms. In this setting educational assessment is accomplished through diagnostic teaching. Physical and occupational assessments are provided for children who indicate these needs.

Each child is routinely evaluated by specialists in the general medicine, ophthalmology, audiology and psychology areas. Other specialists, such as a neurologist or psychiatrist, are available. Staffings are held by the educational and consultative staff to discuss specific services needed and appropriate placement for the child. A discharge conference is then held with the parents to discuss the evaluation findings. A comprehensive report is written and upon consent of parents is forwarded to any school, agency or programs which may be working with the child.

Persons wishing to contact the center should address inquiries to

Director
Center for the Multihandicapped
1815 Ponce de Leon Ave., N.E.
Atlanta, Ga. 30307
(404) 378-5433

- **Centers for Deaf/Blind**

Names, addresses and telephone numbers of all regional centers for the deaf/blind appear below, along with the states they serve.

Special Services Branch
Bureau of Education for the Handicapped
U. S. Office of Education
Donohoe Building, Room 4046
400 Maryland Ave., S.W.
Washington, D.C. 20202
Coordinator: Robert Dantona
(202) 472-4825

New England Regional Center for Services to Deaf/Blind Children

Perkins School for the Blind
175 N. Beacon St.
Watertown, MA 02172
Coordinator: John Sinclair
(617) 924-3434
Connecticut, Massachusetts, New Hampshire, Rhode Island, Vermont, Maine

Mid-Atlantic North Caribbean Regional Center for Services to Deaf/Blind Children

c/o New York Institute for the Education of the Blind
999 Pelham Parkway
Bronx, NY 10469
Coordinator: Khogendra Das
(212) 547-1234
New York, New Jersey, Delaware, Puerto Rico, Virgin Islands

South Atlantic Regional Center for Services to Deaf/Blind Children

State Department of Public Instruction
Division for Exceptional Children
Education Building
Raleigh, NC 27611
Coordinator: Jeff Garrett
(919) 733-3619
North Carolina, South Carolina, Virginia, West Virginia, Maryland, Washington, D.C.

Southeast Regional Center for Deaf/Blind Children

Alabama Institute for the Deaf and the Blind
P. O. Box 698
Talladega, AL 35160
Coordinator: John Crosby
(205) 362-8460
Alabama, Florida, Georgia, Kentucky, Mississippi, Tennessee

Midwest Regional Center for Services for Deaf/Blind Children

P. O. Box 420
Lansing, MI 48902
Coordinator: George Monk
(517) 373-0108
Michigan, Indiana, Wisconsin, Minnesota

South Central Regional Center for Services to Deaf/Blind Children

University of Texas at Dallas
Callier Campus
1966 Inwood Rd.
Dallas, TX 75235
Coordinator: Jack English
(214) 634-8003 or (214) 634-0689
Arkansas, Louisiana, Missouri, Iowa, Oklahoma

Mountain Plains Regional Center for Services to Handicapped Children, Inc.

165 Cook St., Suite 304
Denver, CO 80206
Coordinator: John Ogden
(303) 399-3070
Utah, Nebraska, Kansas, New Mexico, Wyoming, North Dakota, South Dakota, Montana, Idaho

Southwestern Regional Center for Deaf/Blind Children

721 Capitol Mall, Room 621
Sacramento, CA 95814
Coordinator: William A. Blea
(916) 322-2173 or (916) 445-8091
Arizona, California, Hawaii, American Samoa, Guam, Trust Territory of the Pacific Islands

Texas Education Agency

Special Education, Program for the Deaf/Blind
201 E. 11th St.
Austin, TX 78701
Coordinator: Ken Crow
(512) 475-3507

Independent state centers

Pennsylvania	Alaska
Indiana	Oregon
Ohio	Washington
Colorado	

- **Georgia Rehabilitation Center**

The Georgia Rehabilitation Center in Warm Springs has a program for the deaf/blind under the auspices of vocational rehabilitation. For further information contact

Deaf/Blind Unit
Georgia Rehabilitation Center
Warm Springs, Ga.
(912) 655-3341

- **Helen Keller National Center for Deaf/Blind Youths and Adults**

The Helen Keller National Center, with the help of cooperating agencies, offers deaf/blind youths and adults a residential program of individualized evaluation and rehabilitation training and a wide variety of specialized service in the field. The center conducts research into the problems that result from being deaf/blind and ways of minimizing such problems; and, through its community education activities, it promotes understanding and acceptance of people who are deaf/blind.

Deafness/blindness comprises a double handicap with implications beyond the absence of sight and hearing, creating unique problems of communication and mobility. In spite of this, with the proper professional help, many deaf/blind persons can be rehabilitated to an improved level of functioning and self-reliance. Many can handle jobs in sheltered workshops, some can work in competitive employment, and those who have exceptional ability and motivation can find success in technical or professional employment on the completion of appropriate training.

At the Helen Keller National Center, the trainee receives a comprehensive evaluation to provide the basis for a plan of training designed to develop all of his or her assets as completely as possible, and make full use of any hearing or sight he or she may possess. The goal is to help each trainee to become as self-sufficient as possible.

The Helen Keller National Center for Deaf/Blind Youths and Adults is operated by the Industrial Home for the Blind under an agreement with the United States Department of Health, Education and Welfare.

The authorization for its operation is contained in Section 306, Title III, of the Rehabilitation Act of 1973, as amended, and funds for its operation are appropriated annually by Congress. It operates under the general supervision of the Rehabilitation Services Administration.

The center is located on a 25 acre wooded site in Sands Point, Long Island, New York. The training, research and administration building, the residence, and the vocational building that comprise the main facilities of the center are specially designed and equipped to meet the needs of the trainees served here.

The Helen Keller National Center operates regional offices to assist state and local agencies in serving deaf/blind persons in their home communities, when feasible, and for referring them to the center for service when indicated.

Fees are charged to sponsoring agencies for evaluation, rehabilitation training and room and board for clients enrolled at the center. These fees meet only a small part of the cost of the services that are provided. The balance of the cost is absorbed by the center.

- **Newsletters**

Closer Look, U.S.O.E., Bureau of Education for the Handicapped,
Washington, D.C. (Free)

The Directive Teacher, NCEMMH, The Ohio State University,
356 Arps Hall, 1945 N. High St.
Columbus, Ohio 43210 (Free)

Handicapped American Reports. Plus Publications, Incorporated,
2626 Pennsylvania Ave., N.W.
Washington, D.C. 20037

National Parents' Exchange, Southwestern Region Deaf/Blind Center.
721 Capitol Mall
Sacramento, Calif. 95814 (Free)

SERCH, Southeast Regional Center for Deaf/Blind Children
Alabama Institute for the Deaf and Blind
P. O. Box 698
Talladega, Ala. 35160 (Free)

Nat-Cent News, Helen Keller National Center for Deaf-Blind Youths and Adults,
111 Middle Neck Rd.
Sands Point, N.Y. 11050 (Free)

The National Advocate, The Mountain Plains Regional Center for Services to Deaf/Blind Children
165 Cook St., Suite 304
Denver, Colo. 80206 (Free)

Newsletter, Library for the Blind and Physically Handicapped
1050 Murphy Ave., S.W.
Atlanta, Ga. 30310 (Free)

Programs for the Handicapped, Clearinghouse, Office for Handicapped Individuals, DHEW
338-D Hubert Humphrey Building
Washington, D.C. 20201 (Free)

Education Update, Georgia Association for Retarded Citizens
1575 Phoenix Blvd., Suite #8
Atlanta, Ga. 30349 (Free)

- **Books**

Eaton, Peggy and Eiring, Leslie. *Joy of Learning Creative Individualization for Deaf Multihandicapped Children*. Dormac, Ore. 1976.

Northern J. and Downs, M.P. *Hearing in Children*. Baltimore: Williams and Wilkins Co., 1974.

Efron, M. and Duboff, B. *A Vision Guide for Teachers of Deaf/Blind Children*. Special Education Instructional Materials Development Center, Winston Salem, N.C., 1975.

Riekehof, Lottie. *The Joy of Signing*. Springfield, Mo.: Gospel Publishing House, 1978.

O'Rourke, Terrence. *A Basic Course in Manual Communication*. The National Association of the Deaf, 1975.

O'Rourke, Terrence. *A Basic Vocabulary, American Sign Language for Parents and Children*. Silver Spring, Md.: T. J. Publishers.

- **Professional Organizations**

The National Association for the Deaf
814 Thayer Avenue
Silver Spring, Md. 20910

National Association for Retarded Citizens
S.E. Regional Office
2815 Clearview Place
Chamblee, Ga.
(404) 458-8024

Child Advocacy Coalition
100 Edgewood Ave., N.E., Suite 523
Atlanta, Ga. 30303
577-2254

American Printing House for the Blind, Inc.
P. O. Box 6085
Louisville, Ky. 40206

Library for the Blind
1050 Murphy Ave., S.W.
Atlanta, Ga.
(404) 656-2465

Key to frequently listed agencies

AFB American Foundation for the Blind
15 W. 16th St.
New York, N.Y. 10011
(212) 924-0420

APH American Printing House for the Blind
1839 Frankfort Ave.
Louisville, Ky. 40206

NBA National Braille Association
85 Godwin Ave.
Midland Park, N.J. 07432

RFB Recordings for the Blind
215 E. 85th St.
New York, N.Y. 10022
(212) 751-0860

TSI Telesensory Systems, Inc.
3408 Hillview Ave.
Palo Alto, Calif. 94304
(415) 493-2626

NBP National Braille Press, Inc.
88 St. Stephen St.
Boston, Mass. 02115

Special Materials/Equipment

- **Recorded Material**

Catalogs

W. Schwann, Inc.
137 Newbury St.
Boston, Mass. 02116

Educational Records Sales
157 Chambers St.
New York, N.Y. 10007

Sam Goody, Inc.
235 W. 49th St.
New York, N.Y. 10019

RFB*

AFB*

NBP*

Textbooks and General Interest Books

APH*

Library for the Blind and Physically Handicapped
Department of Education
1050 Murphy Ave., S.W.
Atlanta, Ga. 30310

Periodicals

Science for the Blind
221 Rock Hill Rd.
Bala Cynwyd, Penn. 19004
Consumer Reports
General Science Monthly
Popular Science
Psychology Today
Radio Digest
Scientific American
Timely Topics

National Education Association
1201 16th St., N.W.
Washington, D.C. 20036
Today's Education

*APH Regional Library

American Heritage
Atlantic Monthly
Changing Times
Ellery Queen's Mystery Magazine
Ebony
Good Housekeeping
Jack and Jill
Reader's Digest
Sports Illustrated

Magazines

The following are available on cassette at no charge but must be returned.

Atlanta Magazine — What's happening in Atlanta and Georgia with articles and listing about business, politics and the arts. Monthly.

Georgia Life — Rural life in the state of Georgia with articles on folklore, handicrafts, recipes, poetry, book reviews. Quarterly

Outdoors in Georgia — Published by the Department of Natural Resources, this is about hunting, fishing, the state park system and recreation outdoors. Monthly

Foxfire — Published by the Rabun Gap-Nacoochee School, this is taken from interviews with the settlers in the North Georgia mountains. They tell how they live, grow crops, make anything and everything. Quarterly

American Baby — Hints for the mother-to-be and those with infants on nutrition, clothing, care and training of babies. Monthly

Georgia Sportsman — Another magazine on hunting, fishing, camping. Monthly

Georgia Historical Quarterly — The official publication of the Georgia Historical Society. Quarterly

New York Times Large Type Weekly — A cassette version of the condensation from the Sunday and daily editions. Weekly

Southern Living — Of interest to all Southerners with articles on travel, recreation, food, home repair and decorating-gardening. Monthly

Gourmet — Food and cooking, includes recipes. Monthly

Playboy — Fiction, nonfiction, articles, jokes, reviews of movies, books, explicit language. Monthly

Foreign Affairs — Opinion on America's foreign policy and on political, social and economic influences. Quarterly

Mel's Journal — A forum for the blind created by Mel Cohen of Atlanta. Readers participate in discussions by sending in their contributions on tape. Quarterly

Personnel and Guidance Journal — Articles, reseach on guidance work and personnel work. Monthly (Oct.-May)

QST — Amateur radio communication, equipment and operating techniques. Monthly

The Writer — Techniques of writing fiction, nonfiction and how to market your writing. Monthly

Social Work — A professional journal for social workers, but also of interest to teachers, public administrators and others. Quarterly

Cappers Weekly — About country living, gardening, animals, farming, food. Weekly

Modern Maturity — For senior citizens, those who have retired. Tips on managing your home and your money. 6 times/yr.

Parents Magazine — For all those with children, information on schooling, raising your children, homemaking. Monthly

Quarterly Journal of the Library of Congress — Varied subjects presented by the official publication of the library. Monthly

Redbook — For women of all ages, homemaking, cooking, clothes, gardening. Monthly

Rehabilitation Journal — For professionals in the field of working with the handicapped. Monthly.

Woman's Day — For women and homemakers, articles on cooking, clothes. Monthly

MS — For the modern woman, articles on women's rights, feminist viewpoint. Monthly

Young Miss — For teenage girls, articles on beauty, clothes, etc. Monthly

The above listed magazines are available from the Library for the Blind and Physically Handicapped, 1050 Murphy Ave., S.W., Atlanta, Ga. 30310. Phone (404) 656-2465.

There are other magazine titles available on direct loan from the publisher. If you are interested in other titles, ask your librarian to contact us. We have other titles in large print, disc and braille.

Low Vision Aids

- Brochures and Catalogs

Apex Specialties Company
1115 Douglas Ave.
Providence, R.I. 02904

Bausch and Lomb
Rochester, N.Y. 14602

Designs for Vision, Inc.
40 E. 21st St.
New York, N.Y. 10010

The Lighthouse
The New York Association for the Blind
111 E. 59th St.
New York, N.Y. 10022

Optical Sciences Group, Inc.
24 Tiburon St.
San Rafael, Calif. 94901

Local distributors in the community —
school supply houses, opticans, science supply houses

- Closed Circuit Television

Visualtek
1610 26th St.
Santa Monica, Calif. 90404
(213) 829-3453

Ednalite Corporation
200 N. Water St.
Peekskill, N.Y. 10566
(914) 737-4100

Apollo Lasers, Inc.
6357 Arizona Cir.
Los Angeles, Calif. 90045

Magnifiers/Reading Aids

Hand magnifiers may be used separately or as a part of a system of lenses.

Shape of lens is a matter of personal preference.

Size of lens may be limited by strength of lens.

The greater the power, the smaller the lens and the shorter the focal distance. (Smaller aids usually must be held close to get a clear image.)

Light (built-in) may or may not be a help. Good general light is needed in either case.

Cost varies according to strength of lens, quality of lens, housing of lens, whether aspheric or not.

Many sources supply information, catalogs and brochures. Local ophthalmic dispensers (opticians) can supply some items.

Successful usage is more probable if

- the device is easily transported and readily usable;
- the individual is highly motivated by one or more of the following.

  The need to see.

  A degree of success from the beginning

  Seeing a great deal more with the device than without it

  Proper and adequate training in use of the device to secure increasing success

  The individual having an invested (financial or personal) interest in the device.

Note: The above are concepts generally not known by teachers who have had no special training in the area of nonpreacriptive low-vision aids.

Guide to Selecting Optical Aids

	Lighthouse Guide		IMRC/APH Extension	
Vision	**NYL Code**	**Diopters**	**Magnification**	**Focal Length**
20/40 20/60	A	3-6 D.	up to 1.5X	12-6 inches
20/70- 20/100	B	7-10 D.	1.75X-2.50X	6-4 inches
20/100- 20/200	C	10-20 D.	2.5X - 4X	4-2.5 inches
20/200- 20/400	D	20-40 D.	5X-8X	2.5-1 inch
Below 20/400	E	40-80 D.	10X-20X	0.5 inch or less

The New York Lighthouse gives a "Guide to Selecting Optical Aids" in its catalog. Each symbol used in its code relates the visual acuity range to the number of diopters needed to read average print. (Dr. Gerald Fonda defines standard type as 8 pt. to 12 pt.) Fonda and others feel there "is a strong argument for designating the power of a magnifying lens as the equivalent or true dioptric power." However, in our listing, we have extended the NYL Guide, adding power or magnification and the approximate focal length for devices. The chart above summarizes the information attempted.

References

Faye, Eleanor E. *The Low Vision Patient.* Grune & Stratton, 1970.

Fonda, Gerald. *Management of the Patient with Subnormal Vision.* C. V. Mosby, 1965.

Sloan, Louise L. *Recommended Aids for the Partially Sighted.* National Society for the Prevention of Blindness, 1971.

Vision Stimulation

- Bibliography

Ashcroft, S. C., C. Halliday and N. Barraga. *Study Its Effects of Experimental Teachings on the Visual Behavior of Children Educated as Though They Had No Vision.* Nashville, Tenn.: George Peabody College for Teachers, 1966.

Barraga, Natalie. *Increased Visual Behavior in Low Vision Children.* New York: American Foundation for the Blind, Research Series, A.2.B., 1964, No. 13.

Barraga, Natalie. *Teacher's Guide for Development of Visual Learning Abilities and Utilization of Low Vision.* New York: American Foundation for the Blind, 1970.

Barraga, Natalie. *Visual Handicaps and Learning: A Developmental Approach.* Calif.: Wadsworth Publishing Co., 1976.

Efron, M. and B. Duboff. *A Vision Guide for Teachers of Deaf-Blind Children.* Winston-Salem, N.C.: Special Education Instructional Materials Center, 1975.

Focociello, Carmella, M.Ed. *Vision Stimulation for Low Functioning Deaf-Blind Rubella Children.* Callier Center for Communication Disorders.

Fonda, G. *Management of the Patient with Subnormal Vision.* St. Louis, Mo.: Mosby, 1965.

Frostig, M. and D. Horne. *Teacher's Guide for the Frostig Program for the Development of Visual Perception.* Follett, Chicago, 1964.

Gesell, A., F. Ilg and G. Bullis. *Vision - Its Development in Infant and Child.* New York: Harper, 1950.

Vision Stimulation - A Program of Instruction Designed to Stimulate the Use of Residual Vision in Children with Low Vision, Bulletin #227. Rockville, Md.: Montgomery County Board of Education, 1969.

Held Introduction to "Image, Object and Illusion." *Scientific American.* W. H. Freeman and Co., 1977.

Langley and Dubose. *Functional Vision Screening for Severely Handicapped Children,* Vol. 70, No. 8, Oct. 1976, pp. 346-350.

McKee, G. A. "The Role of the Optometrist in the Development of Perceptual and Visionmotor Skills in Children." *American Journal of Optometry,* 1967, pp. 297-310.

Seiderman, A. S. *An Optometric Approach to the Diagnosis of Visually-Based Problems in Learning.* Springfield, Ill.: Charles C. Thomas, Publisher, 1976.

- Vocational Information

Career Planning for the Blind
Fred L. Crawford, Ph.D.
Gives information in a number of occupational areas.

Career School Directory
Bennet and Bennet
Information in private trade and vocations in the United States.
Available through State Services for the Visually Impaired.

Occupational Information
Library for the Blind
Greater Detroit Society for the Blind
1401 Ash St.
Detroit, Mich. 48208

Placing Blind in Clerical Occupations
Bauman and Yoder

Placing Blind in Professions
Bauman and Yoder

Visually Handicapped Workers in the Food Service and Lodging Industries
AFB

Why Not Hire a Blind Person?
AFB

Division of Services to the Blind
330 C St., S.W.
Washington, D.C. 20201
Can provide occupational information upon request.

Measures of Psychological, Vocational and Educational Functioning in the Blind and Visually Handicapped.
AFB, 1975

Vocational Materials Center from Pennsylvania

Equipment and Travel Aids

- Optacon

  Telesensory Systems, Inc.
  3408 Hillview Ave.
  Palo Alto, Calif. 94304

- Tape recorders

  APH

- Braillers

  Howe Press
  Perkins School for the Blind
  Watertown, Mass. 02172

  APH

  AFB

- Mathematic aids

  AFB

  Howe Press
  Perkins School for the Blind
  Watertown, Mass. 02172

  APH

  Science for the Blind
  221 Park Hill Rd.
  Bala Cynwyd, Penn. 19004

- Speech Plus calculator

  APH

- Mobility aids

  AFB

  Precision Grinding Manufacturing Co., Inc.
  8019 Flood Rd.
  Baltimore, Md. 21222

  Rigid Fold
  3862 N. 900 West
  Ogden, Utah 84404

Telesensory Systems, Inc.
3408 Hillview Ave.
Palo Alto, Calif. 94304

Bionic Instruments, Inc.
221 Rock Hill Rd.
Bala Cynwyd, Penn. 19004

- Physical education and recreational aids

  AFB

  APH

- Vocational-industrial aids

  AFB

- Watches, clocks, timers

  AFB

  Zale Corporation
  512 Arkard
  Dallas, Texas

- **Related Services**

  For the deaf/blind person to obtain the most appropriate education possible, it is necessary that a wide range of ancillary services be made available. As mentioned in the Educational Placement section, these ancillary services should be considered an integral part of the program serving the deaf/blind child. The ancillary services that should be available, but not necessarily limited to the following are

  physical therapy
  occupational therapy
  audiological services
  orientation and mobility services
  psychological services
  services of a general physician
  ophthalmology services
  communication and language development services

  All of these ancillary services should be available to deaf/blind children regardless of their placement.

Chapter VI
Program Evaluation

EVALUATION FORMAT

DNA – Did not apply
NOTO – No opportunity to observe

AREAS	YES	NO	DNA	NOTO	COMMENTS
ADMINISTRATIVE RESPONSIBILITIES SECTION					
A. Program Organization Within Given Facility					
1. Organizational Plan					
a. Does the facility have an organization plan that includes the deaf/blind program?					
b. Does the program have an organizational chart including all staff positions utilized by the program?					
2. Job Descriptions					
a. Does the program have written job descriptions for each position?					
b. Does each staff member have a copy of his/her job description?					
c. Are the job descriptions reviewed and revised on a regular basis? (at least annually)					
3. Policies and Procedures					
a. Does the facility have a written outline of administrative and operational policies and procedures?					
b. Is there a written outline of procedures and policies that includes the program's purpose and/or goals?					
c. Are there written criteria for admission to the program?					
d. Are there written criteria for discharge from the program?					
e. Do referrals to or from the program reflect effective interaction with other agencies?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
f. Is the program for the deaf/blind in compliance with the regional center's following requirements for documenting child eligibility for services? 1) Certification of deafness/blindness					
2) Release of information					
3) Admission form					
4) Summary of diagnosis and evaluation					
5) Individual educational plan					
6) Change of information					
7) Agency listing forms					
8) Discharge forms					
9) Periodic reassessment					
g. Does the program have a procedure on internal evaluation? If so, please describe.					
4. Are policies and procedures of the agency congruent with those of the regional center?					
B. Financial Review 1. Does the program for the deaf/blind submit monthly VI-C financial reports to the Regional Center for Services to Deaf-Blind Children? (515 Forms)					
2. Does the program receive funds and resources other than Title VI-C? If so, identify.					
3. Does the program exhibit **effective** use of the funds allocated? (staff, materials, etc., equal to money allocated)					
4. Is there an outline available for review which describes the securing and utilization of funds available?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
5. Are the program staff members involved in budget planning?					
6. Are salaries of program staff commensurate with those in other local agencies?					
C. Personnel 1. Hiring a. Does the deaf/blind program request information from the Regional Center for Services to Deaf/Blind Children concerning available and qualified applicants, and furward that information to the facility's personnel department?					
b. Is a written job description provided each applicant?					
c. Does the program staff participate in the interviewing process during hiring procedures?					
D. Review of Program Organization 1. Are items included in Sections A, B, C available for review by the parents/surrogates of deaf/blind students?					
2. Are items included in sections A, B, C available for review by the staff members of the deaf/blind program?					
E. Future Planning 1. Is there ongoing planning for future development and funding of the programs and facilities?					
2. If yes, briefly outline such plans.					
F. Additional Comments					

AREAS	YES	NO	DNA	NOTO	COMMENTS
RESIDENTIAL FACILITIES/SERVICES SECTION					
A. Classroom					
1. Are the classrooms large enough for the number of residents?					
2. Is the lighting appropriate and used for the benefit of the residents' residual vision?					
3. Are the accoustics appropriate and used for the benefit of the residents' residual hearing?					
4. Are the classrooms well ventilated and heated as needed?					
5. Are the classrooms well maintained and free of objects which may prohibit the movement of the deaf/blind residents (barrier-free)?					
6. Do the classrooms have sufficient and appropriate furniture for the activities performed there?					
7. Are there toileting facilities easily accessible?					
a. Are the toilet facilities sufficient in number?					
b. Are the toilet facilities appropriate in size and accommodations for the multiplicity of handicaps exhibited by the residents (barrier-free)?					
8. Are the classrooms appropriately situated in the facility to insure accessibility to all resources?					
B. Other Program Facilities					
1. Does the sponsoring agency have other facilities used by those in the program for the deaf/blind? (infirmary, gym, student center, auditorium, etc.)					
If yes, please specify.					
2. Are these facilities appropriate and accessible to multihandicapped residents?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
3. Are there essential facilities which are not available to the deaf/blind residents? If yes, please specify.					
C. Safety Codes, Plans, Systems: 1. Does the facility have a complete disaster plan covering a. Fires?					
b. Bomb threat?					
c. Tornadoes?					
d. Floods?					
e. Other? (Please specify.)					
3. Does the facility have warning systems appropriately situated for the dual handicaps of deafness and blindness?					
4. Are disaster drills regularly scheduled?					
5. Are vehicles used for transporting residents well maintained and appropriate for multiply handicapped persons?					
6. Is the facility in compliance with state sanitation codes?					
D. Health Care 1. Procedures a. Is there a procedure for referring deaf/blind residents for consultative services at local medical facilities?					
b. Is medication dispensed only by appropriately trained staff?					
c. Is there a procedure for continuous monitoring of each deaf/blind resident's medication?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
d. Are all staff trained in procedures for handling residents who may have seizures?					
E. Security Services 1. Is there a security system used?					
2. Are there security guards?					
F. Food Services 1. Does the facility have meals planned by a qualified dietician?					
2. Are the meals prepared under the supervision of the dietician?					
3. Does the dietician make modifications to meet the needs of the deaf/blind students?					
G. Maintenance/Housekeeping Services 1. Is there a specific procedure for requesting housekeeping services?					
2. Is there a specific procedure for requesting maintenance services?					
H. Additional Comments					
QUALITY OF RESIDENT LIVING SECTION A. Human Discipline 1. Does the facility have a written policy that indicates physical restraints are to be used on residents only as a temporary measure to protect others and the residents from injury?					
2. Are behavior management programs that include use of techniques such as time out or aversive procedures first approved by the facility's Human Rights Committee?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
B. Prosthetic Devices 1. In cases where prosthetic devices such as hearing aids, eyeglasses and canes are recommended a. do deaf/blind residents have access to those devices during all waking hours?					
b. is the use of those devices encouraged?					
2. Are prosthetic devices given maintenance checks on a daily basis?					
C. Mobility Freedom Considering level of functioning, do deaf/blind residents have freedom to move about the facility without restriction, regardless of his/her sensory handicaps?					
D. Additional Comments					
REHABILITATION SECTION A. Individual Programming 1. Assessment a. Does the deaf/blind program have and use a systematic assessment procedure?					
b. If yes, please describe.					
c. Does the deaf/blind program have a procedure for periodic reassessment?					
d. If yes, please describe.					

AREAS	YES	NO	DNA	NOTO	COMMENTS
e. Does the deaf/blind program make assessment results available to the interdisciplinary team responsible for individual programming?					
f. Does the program staff in conjunction with the interdisciplinary team assure annual assessment when appropriate of the deaf/blind resident by a					
1) nurse?					
2) physician?					
3) dentist?					
4) ophthalmologist?					
5) dietician?					
6) pharmacist?					
7) physical therapist?					
8) occupational therapist?					
9) psychologist?					
10) recreation therapist?					
11) speech pathologist?					
12) audiologist?					
13) education/developmental/vocational specialist?					
14) educational specialist?					
15) vocational specialist?					
16) social worker?					
2. Individual Education Program Plan a. Does the program provide in total or contribute to providing a comprehensive, annual IEP for each deaf/blind resident?					

AREAS	YES	NO	DNA	NC/TO	COMMENTS
b. Does the IEP include the deaf/blind resident's present level of functioning in 1) physical development?					
2) health?					
3) communication?					
4) cognitive skills?					
5) recreational skills?					
6) socialization?					
7) self-help?					
8) vocational?					
9) community living?					
c. Does the IEP include in priority order appropriate behavioral objectives?					
d. If yes, 1) are the specified behaviors observable and measurable?					
2) do the objectives specify who will demonstrate the behavior?					
3) do the objectives specify what behavior?					
4) do the objectives specify the conditions when the behavior will be demonstrated?					
5) are the behavioral criteria specified?					
6) are the trainers and evaluators specified?					
7) are initiation and target dates specified?					
8) are the methods for training (i.e., task analysis, curriculum, intervention strategy) specified?					
e. Are monthly progress notes recorded regarding results of training for a given behavioral objective?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
3. Based on assessed levels of functioning, do the habilitation plans include the following types of training, when appropriate a. Sensory Integration Skills 1) Visual/visual motor?					
2) Auditory?					
3) Tactile?					
4) Olfactory?					
5) Gustatory?					
b. Self-help Skills 1) Eating/feeding?					
2) Dressing?					
3) Toileting?					
4) Bathing?					
5) Grooming?					
c. Daily Living Skills/Self-management 1) Household related?					
2) Community related?					
d. Communication Skills 1) Prelinguistic?					
2) Receptive (Standard or alternate means)?					
3) Expressive (standard or alternate means)?					
e. Social Skills 1) With peers?					
2) With non-handicapped?					
f. Motor Skills 1) Perceptual motor?					
2) Orientation/mobility?					
3) Fine motor (small muscle control)?					
4) Gross motor (large muscle control)?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
g. Pre-academic?					
h. Recreational skills?					
i. Sex education?					
B. Materials and Equipment 1. Are supplies and materials available in sufficient quantity?					
2. Are the available supplies and materials appropriate for the resident's levels of functioning?					
3. Is equipment available in sufficient quantity?					
4. Is the available equipment appropriate for the resident's levels of functioning?					
5. Are the materials and equipment current, and is their use reflected in the individual's education plan?					
C. Least Restrictive Alternative 1. Are efforts made to avail deaf/blind residents of a. the curricula of residents with greater ability?					
b. classes with residents with greater ability?					
c. special program activities (field trips, assemblies)?					
2. Are support services available to deaf/blind residents who are mainstreamed/integrated into classes with residents who have greater abilities? (deaf/blind program consultation)					
3. Are equipment and material modifications made for residents mainstreamed in other programs?					
4. Are other staff members at the facility informed of methods for working with deaf/blind students?					
D. Scheduling 1. Classroom a. Is a written schedule available for the entire program?					
b. Are written schedules available for each classroom?					
c. Are written schedules available for each student in the classroom?					
d. Are the schedules for each classroom posted?					
e. Are the schedules followed?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
E. Support Services 1. Does the program receive support services from other sources to aid in the habilitation process?					
a. On-Campus 1) Diagnostics and evaluations?					
2) Speech therapy?					
3) Physical therapy?					
4) Occupational therapy?					
5) Physical education?					
6) Music?					
7) Finance or budget assistance?					
8) Food service?					
9) Housekeeping?					
10) Maintenance?					
11) Other? (Please specify..					
b. Off-Campus 1) Diagnostics and evaluations?					
2) Rehabilitation for the blind?					
3) Rehabilitation for the deaf?					
4) Colleges and universities?					
5) Hospitals?					
6) Volunteers?					
7) Others? (Please specify.)					
2. Is there an established procedure for obtaining support services?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
F. Additional Comments					
FAMILY SERVICES SECTION					
A. Are there social workers available to work with parents and surrogate parents on a regular basis?					
B. Is there a directory of services for deaf/blind students available to the staff and parents?					
C. Is the following information made available to parents? 1. An explanation of P.L. 94-142					
2. The rights of the parents in matters of confidentiality?					
3. Due process procedures					
4. Goals and objectives of the program					
5. Policies and procedures of the agency					
6. The roles and responsibilities of the parents					
7. Program calendar					
D. Are the following family services available through the program/facility? 1. Parent workshops					
2. Counseling					
3. Newsletters					
4. Family training sessions					
5. Help in locating and using community resources					
E. Do parents receive formal progress reports periodically?					
F. Do parents receive updated information on the child's Individualized Education Plan?					
G. Additional Comments					

AREAS	YES	NO	DNA	NOTO	COMMENTS
PARENT INVOLVEMENT SECTION					
A. Are opportunities available for parents to visit programs?					
B. Are opportunities available for teachers to visit a child's home?					
C. Are parents involved in development of the Individualized Education Plan?					
D. Do parents meet as a group on a regular basis?					
E. Are parents invited to participate in establishing policies and procedures for the program?					
F. Are parents encouraged to participate in special activities (e.g., field trips, parties, etc.)?					
G. Is there a procedure for parental evaluation of the program?					
H. If yes, describe.					
I. Additional Comments					
IN-SERVICE TRAINING SECTION					
A. Facility					
1. Orientation Does the deaf/blind program staff provide input in the orientation program provided to all new facility employees?					
2. Supplementary Does the program staff make provisions for in-depth in-service training for professionals and paraprofessionals working with deaf/blind residents when the need arises?					

AREAS	YES	NO	DNA	NOTO	COMMENTS
B. Deaf/blind Program Staff 1. Is a written assessment of in-service training provided for all new program staff?					
2. Is in-service training for all new program staff provided according to results of assessment?					
3. Is there an ongoing, effective in-service training program which reflects the needs of the entire program?					
4. Are the minimum requirements for in-service training followed (state and facility)?					
5. Do the program staff participate in outside in-service training a. Provided by the Georgia Department of Education?					
b. Provided by the regional center?					
c. Provided by the State Department of Mental Health and Retardation?					
d. Others? (Please specify.)					
C. Additional Comments					
COMMUNITY RESOURCES SECTION A. Are community resources sought and used?					
B. If yes, please indicate which of the following are used 1. Churches					
2. Swimming pools					
3. Scouts					
4. Theaters					
5. Sign classes					
6. Braille classes					

AREAS	YES	NO	DNA	NOTO	COMMENTS
7. Volunteers					
8. Others (Please specify)					
C. Are community agencies involved in child-find activities?					
D. If yes, describe how.					
E. Additional Comments					
PUBLIC RELATIONS SECTION					
A. Does the program disseminate information regarding the deaf/blind program?					
B. If yes, which of the following formats are used?					
1. Television					
2. Radio					
3. Magazine					
4. Newspapers					
5. Brochures					
6. Others (Please specify)					

AREAS	YES	NO	DNA	NOTO	COMMENTS
C. Do the program's public relations efforts stress child-find activities?					
D. Additional Comments					

Chapter VII
Additional Resources

Professional Organizations

Alexander Graham Bell Association for Deaf, Inc.
1537 35th St., N.W.
Washington, D.C. 20013
202-337-5220

American Foundation for the Blind, Inc.
Public Education Division
15 W. 16 St.
New York, N.Y. 10011 - WA 4-0420
(in Atlanta: Equitable Building,
Peachtree St., 525-2303

The National Association for the Deaf/Blind
525 Opus Ave.
Capitol Heights, Md. 20027
202-392-8436

North American Committee on Services for Deaf/Blind
Children and Youth (NACSDB)
Mr. Khogendra N. Das, Chairman, NACSDB
999 Pelham Parkway
Bronx, N.Y. 10469
Membership $2.00 yearly

International Association for Education
of the Deaf/Blind (I.A.E.D.B.)
Mr. T. A. Grunsell, Principal
North Rocks Central School for Blind Children
P. O. Box 33
Carlingford, N.S.W., Australia 2118
Membership $10.00 yearly

Physical Education and Recreation for the
Handicapped Information and Research Utilization Center
1201 16th St., N.W.
Washington, D.C. 20036
202-833-5547

International Council for Exceptional Children
1920 Association Dr.
Reston, Va. 22091
1-800-336-3728

American Council for the Blind
Durward K. McDaniel, National Representative
1211 Connecticut Ave., N.W.
Washington, D.C. 20006

National Deaf/Blind Program
Robert Dantona, Coordinator
Bureau of Education for the Handicapped
Room 4046, Donohoe Building
400 Maryland Ave., S.W.
Washington, D.C. 20202

National Easter Seal Society for
Crippled Children and Adults
Jane Shover, Executive Director
2023 W. Ogden Ave.
Chicago, Ill. 60612

National Paraplegia Foundation
Ann Ford, Associate Director
333 N. Michigan Ave.
Chicago, Ill. 60601

Community Organizations

Most of the local civic organizations are willing to assist the deaf/blind to some degree. A partial listing of these civic organizations follows.

Garden Clubs of America
Jaycees
Lions Club
Masonic Lodge
Moose Club
Rotary Club
Kiwanis Club
Optomist
Elks
American Legion
Veterans of Foreign Wars
League of Women Voters
Women's Club
Young Women's Club of America
Young Men's Club of America
Parent/Teacher Association
Local Church groups
NAACP
Southern Christian Leadership Conference
Arts Council
Boy Scouts
Girl Scouts

Available to each community in Georgia are the following services.

Crippled Childrens Clinic
Mental Health Clinic
Area technical school
Day care facilities
Drug abuse programs
Family and Children Services
Health clinic
Youth Development Center
Vocational rehabilitation services
Crisis intervention
Employment services
Work Incentive Program
Comprehensive Educational Training Act (CETA)

Check the phone book for addresses and phone numbers.

Child Advocacy

For information regarding advocacy you should contact one or more of the following agencies or individuals.

The local branch of the Department of Family and Children Services

The Legal Aid Society

The Association for Retarded Citizens

Your local representative to the legislature

If the above are unable to help you please call the coordinator for deaf/blind services, Georgia Department of Education, at (404) 656-2537.

Georgia Learning Resources System

Georgia Learning Resources System (GLRS) maintains an instructional materials center where special educators can preview and borrow materials. The collection includes diagnostic materials, teacher training and professional materials and child use instructional materials. Materials are loaned on a short-term basis to provide educational intervention for particular children, to be used by teachers for trial or preview or to help facilitate selection and purchase decisions.

GLRS provides in-service training through workshops and conferences on effective use of media and educational equipment, new teaching techniques and methods and innovative instructional materials. Every effort is made to provide workshops which directly relate to the identified needs or interests of each school system.

GLRS maintains a videotape collection of outstanding special education workshops which have been conducted throughout Georgia. In addition, exemplary special classrooms can be videotaped. These tapes may be borrowed for workshops, in-service meetings or individual previewing.

GLRS sponsors various special projects to introduce innovative ideas and materials being used successfully with exceptional children across the nation. The Select-Ed Prescriptive Materials Retrieval System, Computer-Based Resource Units (CBRU), Educational Research Information Center (ERIC), Materials Analysis and Retrieval System (MARS) and the Master Teacher Model are some of the educational innovations which GLRS has introduced to Georgia educators.

GLRS acts as an information interchange network. Information is disseminated to special educators about the various areas of exceptionality, about programs and services offered to exceptional children in Georgia and about meetings and conferences of interest to special educators.

GLRS provides information and referral for diagnostic services and educational planning for the severely handicapped child.

Centers for Severely Emotionally Disturbed (Psychoeducational Center Network)

The SED centers are multidistrict programs designed to serve a low incidence population. The projected population for SED is one-half percent (.005%) of the population ages zero through 16. There are currently 24 centers, each with satellite services, providing nonresidential, community-based services including diagnostic educational, psychological and psychiatric assessment; remedial services such as special education classes, individual and/or group therapy and parent services.

Each center is responsible for serving children, ages zero through 16, who are severely emotionally disturbed or behaviorally disordered. The major admission requirement will be the presence of an emotional or behavioral disorder severe enough to require a special child treatment program or a special education program not available in the public school or community. Children who have mild to moderate behavior problems or discipline problems are not eligible. These children are characterized by:

- severe emotional disturbance such as, but not limited to, childhood schizophrenia, autism, severe emotional deprivation and adjustment reactions;
- severe behavioral disorders such as, but not limited to, neurological impairment, cultural and developmental deprivation;
- severe school-related maladjustment such as, but not limited to, behavior, socialization communication and academic skills.

At all centers, referrals will be accepted from, but not limited to, early childhood programs, private day care programs, community service centers, well baby clinics, kindergartens, public schools and other child-serving agencies, parents and physicians.

For additional information, contact the State Coordinator, Centers for Severely Emotionally Disturbed, Georgia Department of Education, State Office Building, Atlanta, Ga. 30334 or call (404) 656-6317.

Chapter VIII
State Schools

State Schools

There are three state operated schools for exceptional children. They are the Georgia School for the Deaf located in Cave Spring, Georgia, the Georgia Academy for the Blind located in Macon, Georgia and the Atlanta Area School for the Deaf located in Clarkston, Georgia.

The Georgia School for the Deaf is a residential program serving deaf children kindergarten through twelfth grade. For further information and application procedures call (404) 777-3310, or write

Superintendent
Georgia School for the Deaf
P. O. Box 98
Cave Spring, Ga. 30124

The Georgia Academy for the Blind consists of two campuses. The Vineville Campus is a residential setting serving visually impaired children grades kindergarten through twelfth.

The Shurling Campus is a residential setting for multiply-handicapped ages 5-21. For further information regarding either campus call (404) 744-6083, or write

Superintendent
Georgia Academy for the Blind
2895 Vineville Ave.
Macon, Ga. 31204

The Atlanta Area School for the Deaf is a day program serving the metro Atlanta area. Currently, preschool through tenth grade children are being served. For information on the Atlanta Area School for the Deaf call (404) 656-7077, or write

Superintendent
Atlanta Area School for the Deaf
890 N. Indian Creek Dr.
Clarkston, Ga. 30021

The state schools are administrated by the Office of State Schools and Special Services, Mr. Peyton Wiliams Jr. Associate Superintendent.

Appendices

Glossary

Vocabulary of terms relating to hearing impairment

Audiometer — instrument designed to measure the sensitivity of hearing.

Audiological examination — an assessment of hearing by an audiologist (a person trained to test hearing.)

Bilateral — pertaining to both ears or both sides of the head.

Binaural fitting — two complete hearing aids — one for each ear - as opposed to bilateral or "Y" cord.

Cerumen — earwax.

Decible — one-tenth of a bel. (Commonly noted as dB.)

ENT — ear, nose, throat.

Informal response to sound — a person's response to sound without prior conditioning.

Three types of informal sound response

Startle reaction — may take form of an eyeblink, moro (whole body) reflex, vocalization, cessation of activity, etc.

Looking at or perhaps also reaching for a noisemaker within the child's field of vision.

Looking for the direction (localization) of the sound presented outside of the visual field.

Formal response to sound — a person's response to sound through conditioning procedures.

Play audiometry — a type of operant conditioning to which the child is taught to listen for a sound and respond when he hears it. His response may be any game such as pointing to his ear, dropping blocks in a box, etc. Play audiometry is used by the teacher as well as the audiologist.

The speech reception threshold — the lowest level at which one can understand 50 percent of the spondees (two syllable words with equal stress) presented. (Examples of spondees are hotdog, cowboy, baseball.)

Pure tone threshold — the lowest level at which one can hear a pure tone 50 percent of the time it is presented. A pure tone is delivered to earphones via an audiometer.

Typanogram — a chart of the results of typanometry - compliance measurement at the eardrum.

Stapedius reflex — a contraction of the stapedius muscle in response to a loud sound.

Impedance meter — an electro-acoustic device designed to measure

acoustic impedence at the drumhead (the ability of the eardrum and ossicular chain to transmit sound pressure waves.);

the stapedius reflex;

the compliance of the tympanic membrane.

Auditory training — lessons or vical "experience exposure" designed to help a person with impaired hearing make the best of his/her remaining hearing.

Otologist — medical doctor specializing in diseases or problems of the ear.

Otolaryngologist — medical doctor specializing in diseases of the ear and throat, usually the nose as well.

Deaf and dumb — unacceptable term to indicate a deaf person.

Otitis — a broad term for inflammation of the ear.

Myringotomy (tympanotomy) — surgical opening of the eardrum.

Types of Hearing Losses

Conductive hearing loss — impairment of the hearing due to the failure of sound pressure waves to reach to cochlea through the normal air conduction channels. This type of deafness is often responsive to medical or surgical treatment.

Congenital hearing loss — conditions which are present at birth.

Cortical hearing loss — deafness due to damage to the hearing centers in the cortex of the brain.

Profound hearing loss — extreme hearing impairment bordering on total deafness.

Sensorineural hearing loss — deafness which results from damage to the sensory mechanism. (Formerly it was known as "nerve" or perceptive deafness.)

Vocabulary of Terms Relating to Medication

Name	Indications	Adverse Reactions
Dilantin	Grand Mal, Psychomotor and Focal Seizures, especially in combination with Mysoline and/or Phenobarb.	Drowsiness, rash, ataxia, diplopia, fever, gastric distress, gum hypertrophy, lymphadenopathy.
Phenobarb	All seizures, most useful in combination with other medications.	Drowsiness, rash, chilling, fever, hyperactivity, irritability.
Mysoline	Grand Mal, Psychomotor and Focal Seizures, especially in combination with Dilantin and Phenobarb.	Drowsiness, rash, ataxia, dizziness, nausea.
Depakene	Anticonvulsant	Gastrointestinal disturbance, loss of hair, drowsiness.
Diamox	Petit Mal, all seizure types	Drowsiness, acidosis, anorexia, blood dyscrasias, numbness of extremities.
Valium	Mixed Epilepsies, status epilepticus	Drowsiness, ataxia.
Tegretol	Partial seizures with complex symptomatology, Grand Mal, mixed seizure pattern	Dizziness, drowsiness, unsteadiness, nausea, vomiting, aplastic anemia, hepatic and genitourinary problems.
Ritalin	Minimal Brain Dysfunction Characteristics include history of short attention span, distractibility, emotional ability, impulsivity, moderate to severe hyperactivity.	Nervousness, insomnia, rash, urticaria, fever, anorexia, dizziness, palpatation, headache, drowsiness, tachycardia, weight loss.
Cylert	Minimal Brain Dysfunction in children. Chronic history of moderate to severe hyperactivity, short attention span, distractability, impulsivity.	Insomnia, anorexia, stomachache, rash irritability, dizziness, headache, hallucinations.
Mellaril	Management of psychotic disorders, moderate to severe agitation, hyperactivity, or agressiveness in disturbed children.	Drowsiness, pseudoparkinsonian symptoms, nocturnal confusion, hyperactivity, restlessness, lethargy, headache.

Vocabulary of Terms Relating to the Eye

Accommodation — The adjustment of the eye for seeing at different distances, accomplished by changing the shape of the crystaline lens through action of the ciliary muscle, thus focusing a clear image on the retina.

Albinism — An hereditary loss of pigment in the iris, skin and hair; usually associated with lowered visual acuity, nystagmus and photophobia and often accompanied by refractive errors.

Amblyopia — Dimness of vision without any apparent disease of the eye.

Ambloypia Ex Anopsia — Dimness of vision due to disuse of the eye, "Lazy Eye Blindness."

Aniseikonia — A condition in which the ocular image of an object as seen by one eye differs in size or shape from that seen by the other eye.

Asthenopic — Eye fatigue caused by tiring of the internal or external muscles.

Astigmatism — Refractive error which prevents the light rays from coming to a single focus on the retina because of different degrees of refraction in the various meridians of the eye.

Binocular vision — The ability to use the two eyes simultaneously to focus on the same object and to fuse the two images into a single image which gives a correct interpretation of its solidity and its position in space.

Blepharitis — Inflammation of the margin of the eyelids.

Blindness — In the United States, the legal definition of blindness is central visual acuity of 20/200 or less in the better eye after correction or a visual acuity of more than 20/200 if there is a field defect in which the widest diameter of the visual field subtends an angle distance no greater than 20 degrees. Some states include up to 30 degrees.

C, CC (Cum Correction) — With correction — wearing prescribed lenses.

Cataract — A condition in which the crystalline lens of the eye or its capsule or both become opaque, with consequent loss of visual acuity.

Central visual acuity — Ability of the eye to perceive the shape of objects in the direct line of vision.

Color deficiency — Diminished ability to perceive differences in color, usually for red or green, rarely for blue or yellow.

Concave lens — Lens having the power to diverge parallel rays of light, also known as diverging, reducing, negative, myopic or minus lens denoted by the sign — (minus).

Congenital — Present at birth.

Conjunctiva -- Mucous membrane which lines the eyelids and covers the front part of the eyeball.

Conjunctivitis — Inflammation of the conjunctiva.

Contact or corneal lenses — Lenses so constructed that they fit directly on the eyeball. These are used for the correction of vision in some cases and are also used after cataract (lens) extraction to replace the lens removed from the eye. They provide less distortion and image size difference from the other eye than would spectacles.

Convergence — The process of directing the visual axes of the two eyes to a near point, with the result that the pupils of the two eyes are closer together. The eyes are turned inward.

Convex Lens — Lens having power to converge parallel rays of light and to bring them to a focus, also known as converging, magnifying, hyperopic or plus lens, denoted by +.

Cornea — Clear, transparent portion of the outer coat of eyeball forming front of aqueous chamber.

Corneal graft — Operation to restore vision by replacing a section of opaque cornea with transparent cornea.

Crystalline lens — A transparent, colorless body suspended in front of the eyeball between the aqueous and the vitreous, the function of which is to bring the rays of light to a focus on the retina.

Cylindrical lens — A segment of a cylinder, used in the correction of astigmatism, the refractive power of which varies in different meridians.

Depth perception — The ability to perceive the solidity of objects and their relative position in space.

— Duction — A stem word with a prefix to describe the turning or rotating of the eyeball (abduction — turning out, adduction — turning in).

Dyslexia — Inability to read which is apparently due to a neurological problem.

Enucleation — Complete surgical removal of the eyeball.

Eye dominance — Tendency of one eye to assume the major function of seeing, being assisted by the less dominant eye.

Field of vision — The entire area which can be seen without shifting the gaze.

Floaters — Small particles consisting of cells or fibrin which move in the vitreous.

Focus — Point to which rays are converged after passing through a lens; focal distance is the distance traveled by rays after refraction but before focus is reached.

Fovea — Small depression in the retina at the back of the eye; the part of the macula adapted for most acute vision.

Fusion — The power of coordinating the images received by the two eyes into a single mental image.

Glaucoma — Increased pressure inside the eye; hardening of the eyeball caused by accumulation of aqueous fluid in the front portion.

Iris — Colored, circular membrane, suspended behind the cornea and immediately in front of the lens. The iris regulates the amount of light entering the eye by changing the size of the pupil.

Hyperopia — A refractive error in which the focal point for light rays is behind the retina.

Jaeger test — A test for near vision in which lines of reading matter are printed in a series of various sizes of type.

Lens — A refractive medium having one or both surfaces curved.

Light adaptation — The power of the eye to adjust itself to variations in the amount of light.

Light perception (L.P.) — Ability to distinguish light from dark.

Low vision aids — Optical devices of various types useful to persons with vision impairment.

Microscopic glasses — Magnifying lenses arranged on the principle of a microscope, occasionally prescribed for persons with very poor vision.

Monocular vision — Loss of vision in one eye. It may have resulted from disease, injury or other factors. Loss of vision in one eye does not reduce vision by 50 percent. While there is loss of vision of the affected side it is not a loss of half of the visual system. The child will probably have the problem associated with the lack of binocular vision (the ability to use two eyes to focus on the same object). The child will judge distances inaccurately because of an inability to perceive depth. He or she may dislike athletic activities requiring the ability to judge distances.

Myopia — Nearsightedness — a refractive error in which, because the eyeball is too long in relation to its focusing power, the point of focus for rays of light from distant objects (parallel light rays) is in front of the retina. Thus, to obtain distinct vision, the object must be brought nearer to take advantage of divergent light rays (those from objects less than 20 feet away.)

Near point of accommodation — The nearest point at which the eye can perceive an object distinctly. Varies according to the power of accommodation.

Near point of convergence — The nearest single point at which the two eyes can direct their visual lines, normally about three inches from the eyes in young people.

Near vision — The ability to perceive distinctly objects at normal reading distance or about 14 inches from the eyes.

Near blindness — A condition in which the sight is good by day but deficient at night and in faint light.

Nystagmus — An involuntary, rapid movement of the eyeball; it may be lateral, vertical, rotary or mixed.

Oculist or Ophthalmologist — A physician — an M.D. — who specialized in diagnosis and treatment of defects and diseases of the eye, performing surgery when necessary or prescribing other types of treatment, including glasses.

Oculus Dexter (O.D.) — Right eye.

Oculus Sinister (O.S) — Left eye.

Oculus Uterque (O.U.) — Both eyes.

Opthalmoscope — An instrument used in examining the interior of the eye.

Optic atrophy — Degeneration of the nerve tissue which carries messages from the retina to the brain.

Optician — One who grinds lenses, fits them into frames and adjusts the frames to the wearer.

Optic nerve — The special nerve of the sense of sight which carries messages from the retina to the brain.

Optometrist — A licensed nonmedical practitioner who measures refractive errors — that is, irregularities in the size or shape of the eyeball or surface of the cornea — and eye muscle disturbances. In his treatment the optometrist uses glasses, prisms and exercises only.

Orthoptic training — Series of scientifically planned exercises for developing or restoring the normal teamwork of the eyes.

Orthoptist — One who provides orthoptic training.

Partially seeing child — For educational purposes, a partially seeing child is one who has a visual acuity of 20/70 or less in the better eye after the best possible correction and who can use vision as the chief channel of learning.

Peripheral vision — Ability to perceive the presence, motion or color of objects outside the direct line of vision.

Prosthesis — An artificial substitute for a missing eye or other missing part of the body.

Refraction — Deviation in the course of rays of light in passing from one transparent medium into another of different density and/or determination of refractive errors of the eye and correction by glasses.

Refractive error — A defect in the eye that prevents light rays from being brought to a single focus exactly on the retina.

Refractive media — The transparent parts of the eye having refractive power; cornea, aqueous, lens and vitreous.

Retina — Innermost coat of the eye, formed of sensitive nerve fibers and connected with the optic nerve.

Retrolental fibroplasia — A disease of the retina in which a mass of scar tissue forms in back of the lens of the eye. Both eyes are affected in most cases and it occurs chiefly in infants born prematurely who receive excessive oxygen.

Safety glasses — Impact—resistant, glasses available for both adults and children with or without visual correction for workshop or street wear protection.

Sclera — The white part of the eye — a tough covering which, with the cornea forms the external, protective coat of the eye.

Snellen chart — Used for testing central visual acuity. It consists of lines of letters, number or symbols in graded sizes drawn to Snellen measurements. Each size is labeled with the distance at which it can be read by the normal eye. Most often used for testing vision at a distance of 20 feet.

Strabismus -- Squint—failure of the two eyes simultaneously to direct their gaze at the same object because of muscle imbalance.

Strephosymbolia — "Mirror Reading" — A disorder of perception in which objects seem reversed, as in a mirror. A reading difficulty inconsistent with a child's general intelligence, beginning with confusion between similar but oppositely oriented letters (b-d, q-p) and a tendency to reverse direction in reading.

Telescopic glasses — Magnifying spectacles designed on the principle of a telescope, occasionally prescribed for improving very poor vision which cannot be helped by ordinary glasses.

Vision — The art or faculty of seeing; sight.

Forms

PROGRAM FOR EXCEPTIONAL CHILDREN
IMPAIRED HEARING PROGRAM
AUDIOMETRIC EVALUATION

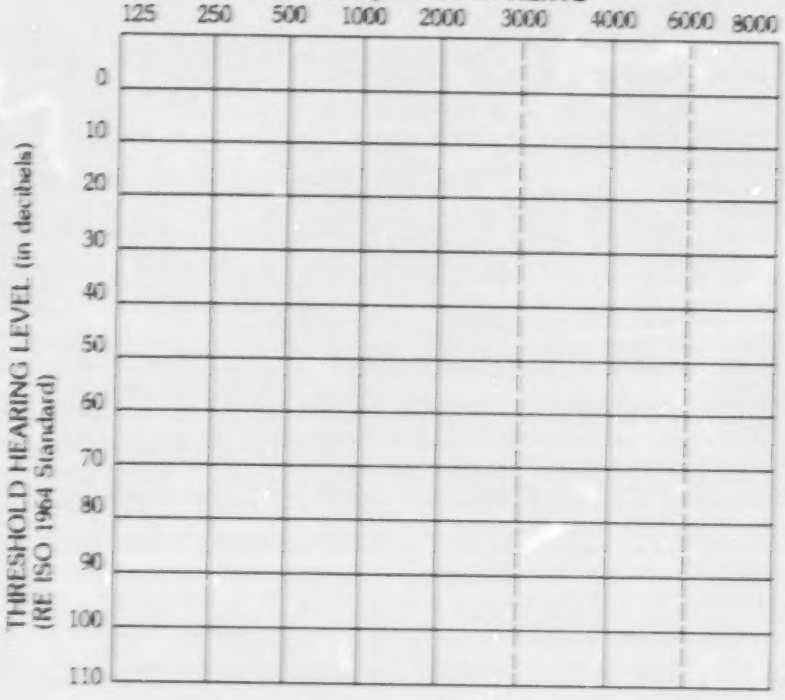
DATE _____ SCHOOL _____

NAME _____ AGE _____ TESTED BY: _____

ADDRESS _____ TEST NO. _____ AUDIOMETER _____

RELIABILITY: GOOD _____ FAIR _____ POOR _____

PURE TONE AUDIOGRAM



	Unmasked		Masked	
	Rt.	Lt.	Rt.	Lt.
Air Cond.	○	×	△	□
Bone Cond.	>	<	⊐	⊏

Red—Right Blue—Left

↓ — No Response

Average Loss (A/C)
500-2000

	3 freq.	2 freq.
Rt.		
Lt.		

Additional Tests

_____

_____

Test	Live Voice	Recorded	
		Disc	Tape
SRT			
PB			

SPEECH AUDIOMETRY TESTS

Test		R	L	BIN	SF
Sp. Reception Threshold (SRT)		db	db	db	db
Sp. Discrim. Scores (PB)	Quiet	%	%	%	%
	Noise	%	%	%	%

Sensation Level for PB's _____

Noise level 10 db less than speech level unless otherwise indicated.

Remarks: _____

_____

_____

_____

Signature _____

55

The following form is a confidential medical record required for entrance into the visually impaired program. It must be completed by a vision specialist—ophthalmologist, occulist or optometrist.

CHILDREN WITH OTHER THAN USUAL VISION OFTEN POSE PROBLEMS FOR EDUCATORS. An informative report can do much to resolve these by interpreting the ocular difficulty in terms that can be applied to the school situation.

A changing and enlightened philosophy no longer segregates the child with less than normal vision, nor does it believe that he should be treated as an "eye cripple." It is no longer believed that one saves sight by conserving it; instead, eye work is encouraged because it has been found to result in greater proficiency. The visual task is no longer made easier with special larger print if the smaller print can be read with comparative comfort. It accentuates the positive, the vision the child has, rather than stressing the visual lack. It recognizes that some children will need special educational services.

Much superstition, idle talk, and outdated ideas about the eyes still exist to confuse the educators. For example, reading in bed does not make one's eyes weak. Reading in poor light in itself may not be comfortable, but it will not cause organic eye changes, and there are enough sound reasons for condemning long periods of television watching than to threaten it will ruin the eyes.

This report form is suggested as a tangible means for the transmission, in understandable terms, of the visual potential of the student and as a source of information necessary for classification purposes.

Albert E. Sloane, M.D., Chairman
N.S.P.B. Committee on Vision Screening

PUPILS WITH SEVERE VISION PROBLEMS AFTER CORRECTION ARE EDUCATED EITHER IN RESIDENTIAL OR DAY SCHOOLS.

When day school placement is appropriate, they are part of the regular class program. Any needed additional education services are provided by a specially trained teacher, special materials and equipment.

Those who function with vision are encouraged, by all appropriate means, to use their vision to its fullest capacity. Low vision aids will benefit some.

The eye report is used by school administrators and special teachers to assist in the determination of:

1. the pupil's educational needs
2. the type of educational placement
3. educational planning and curriculum adaptation
4. the need for large type print
5. the need for braille
6. pupils to be reported as legally blind to the American Printing House for the Blind to qualify for books and equipment.

CONFIDENTIAL

EYE REPORT FOR CHILDREN WITH VISUAL PROBLEMS

RLB

NAME OF PUPIL (Type or print) _____ (First) _____ (Middle) _____ (Last) _____ SEX _____ RACE _____

ADDRESS (No. and street) _____ (City or town) _____ (County) _____ (State) _____ DATE OF BIRTH (Month) _____ (Date) _____ (Year) _____

GRADE _____ SCHOOL _____ ADDRESS _____

I. HISTORY

A. Probable age at onset of vision impairment. Right eye (O.D.) _____ Left eye (O.S.) _____

B. Severe ocular infections, injuries, operations, if any, with age at time of occurrence _____

C. Has pupil's ocular condition occurred in any blood relative(s)? _____ If so, what relationship(s)? _____

II. MEASUREMENTS

(See back of form for preferred notation for recording visual acuity and table of approximate equivalents.)

A. VISUAL ACUITY

	DISTANT VISION			NEAR VISION			PRESCRIPTION		
	Without correction	With best correction*	With low vision aid	Without correction	With best correction*	With low vision aid	Sph.	Cyl.	Axis
Right eye (O.D.)									
Left eye (O.S.)									
Both eyes (O.U.)							Date _____		

B. If glasses are to be worn, were safety lenses prescribed? Plastic _____ Tempered glass _____ *with ordinary lenses

C. If low vision aid is prescribed, specify type and recommendations for use _____

D. FIELD OF VISION: Is there a limitation? _____ If so, record results of test on chart on back of form.

What is the widest diameter (in degrees) of remaining visual field? O.D. _____ O.S. _____

E. Is there impaired color perception? _____ If so, for what colors(s)? _____

III. CAUSE OF BLINDNESS OR VISION IMPAIRMENT

A. Present ocular condition(s) responsible for vision impairment. (If more than one, specify at left underline the one which probably first caused severe vision impairment.) O.D. _____ O.S. _____

B. Preceding ocular condition, if any, which led to present condition, or the underlined condition specified in A. O.D. _____ O.S. _____

C. Etiology (underlying cause) of ocular condition primarily responsible for vision impairment, e.g., specific disease, injury, poisoning, heredity or other prenatal influence. O.D. _____ O.S. _____

D. If etiology a injury or poisoning, indicate circumstances and kind of object or poison involved _____

IV. PROGNOSIS AND RECOMMENDATIONS

A. Is pupil's vision impairment considered to be: Stable _____ Deteriorating _____ Capable of improvement _____ Uncertain _____

B. What treatment is recommended, if any? _____

C. When is reexamination recommended? _____

D. Glasses: Not needed _____ To be worn constantly _____ For close work only _____ Other (specify) _____

E. Lighting requirements: Average _____ Better than average _____ Less than average _____

F. Use of eyes: Unlimited _____ Limited, as follows _____

G. Physical activity: Unrestricted _____ Restricted, as follows _____

TO BE FORWARDED BY EXAMINER TO:

Date of examination _____

Signature of examiner _____ Degree _____

Address _____

If clinic case: Number _____ Name of clinic _____

PREFERRED VISUAL ACUITY NOTATIONS

DISTANT VISION. Use Snellen notation with test distance of 20 feet. (Examples: 20/100, 20/60). For acuities less than 20/200 record distance at which 200 foot letter can be recognized as numerator of fraction and 200 as denominator. (Examples: 10/200, 3/200). If the 200 foot letter is not recognized at 1 foot record abbreviation for best distant vision as follows:

HM	HAND MOVEMENTS
PL	PERCEIVES AND LOCALIZES LIGHT IN ONE OR MORE QUADRANTS
LP	PERCEIVES BUT DOES NOT LOCALIZE LIGHT
No LP	NO LIGHT PERCEPTION

NEAR VISION. Use standard A.M.A. notation and specify best distance at which pupil can read. (Example: 14/70 at 5 in.)

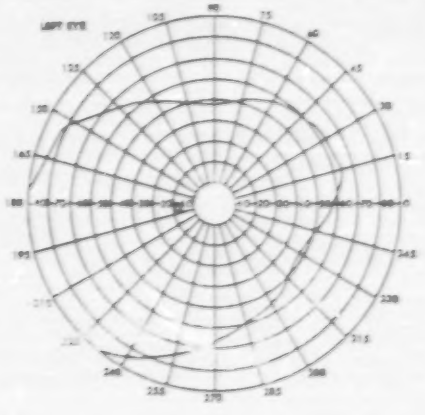
TABLE OF APPROXIMATE EQUIVALENT VISUAL ACUITY NOTATIONS

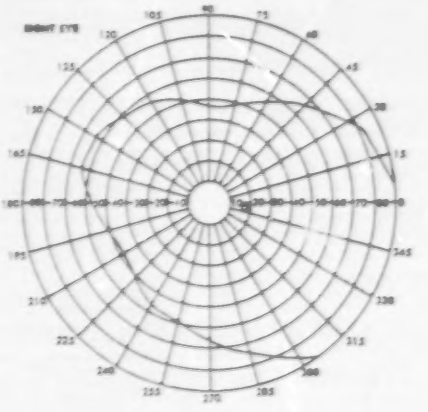
These notations serve only as an indication of the approximate relationship between recordings of distant and near vision and point type sizes. The teacher will find in practice that the pupil's reading performance may vary considerably from the equivalents shown.

Distant Snellen	Near			% Central Visual Efficiency for Near	Point	Usual Type Test Size
	A.M.A.	Jaeger	Metric			
20/20 (ft.)	14/14 (in.)	1	0.37 (M.)	100	3	Mail order catalogue
20/30	14/21	2	0.50	[illegible]	5	Want ads
20/40	14/28	4	0.75	90	6	Telephone directory
20/30	14/35	6	0.87	50	8	Newspaper text
20/60	14/42	8	1.00	40	9	Adult text books
20/80	14/56	10	1.50	20	12	Children's books 9-12 yrs
20/100	14/70	11	1.75	15	14	Children's books 8-9 yrs.
20/120	14/84	12	2.00	10	18	Large type text
20/200	14/140	17	3.50	2	24	
12.5/200	14/224	19	6.00	1.5		
8/200	14/336	20	9.00	1		
5/200	14/560					
3/200	14/900					

FIELD OF VISION. Record results on chart below.

Type of test used: _____ Illumination in ft. candles: _____





Test object: Color(s) _____ Size(s) _____ Test object: Color(s) _____ Size(s) _____

Distance(s): _____ Distance(s): _____

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Basic Interpretation of Eye Reports

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Visual Acuity: The measurement of visual acuity is a clinical test which is useful for monitoring the change in one's visual status and for predicting the necessary magnification needed to allow that person to see some desired object. A visual acuity measurement is not useful for determining one's ability to function visually nor for determining a career choice, classroom situation or training program. Visual acuity should never be used to predict one's visual function or performance.

Related Terms

Sphere: The power of the lens that corrects one's hyperopia or myopia. Negative lenses correct myopia and plus lenses correct hyperopia; e.g., -3.00 and +6.75.

Cylinder: The power of the lens that corrects one's astigmatism.

Axis: The orientation of the correcting cylinder.

Add: Additional power used to focus at a near working distance as in a bifocal.

Diopter: The unit of measurement of lens power.

LP, LPO, NLP: Light projection, light perception only, no light perception.

Occasionally you will see the abbreviations HM and CF at 6' meaning the patient detected hand motion or could count fingers at 6 feet. These essentially useless pieces of data do not represent good clinical measurements. Eye reports with this notation generally indicate an incomplete testing of the patient's visual acuity.

Visual Field: The visual field of each eye is measured separately at a given test distance. This measurement indicates how well the patient can see "out of the corner of his eye" while looking straight ahead. Constricted visual fields indicate the possibility of mobility and visual function problems. Very small fields give rise to difficulty reading even if the acuity is excellent. Fields are measured as an angle, in degrees, from the center of fixation to the extent of the peripheral vision. Full fields are on the order of 70 degree to 100 degree. Legal blindness is 20 degree or less in the widest diameter and 5 degree fields would be considered quite small.

Related Terms

Scotoma: An isolated area of missing vision.

Confrontation: A screening method of measuring the visual field whereby the doctor faces the patient (confronting him) and moves his fingers inward from the periphery until the patient first sees them.

Tangent screen: A common apparatus for measuring the field.

Muscle Function: The muscle function is easily determined by assessing one's ability to turn his or her eyes to the full extent in all positions of gaze. Difficulty in muscle function might be caused by nerve or muscle pathology.

Binocular Function: The two eyes must work together in a coordinated manner to have normal binocular function.

Related Terms

Strabismus: An eye turn, such as exotropia, in which case the eyes are not functioning together.

Depth perception: It is a misconception that one must have two eyes in order to have depth perception. You can easily prove this to yourself by covering one eye and trying to determine which of two objects is closest to you.

Stereopsis: One type of depth perception that does depend upon having binocular vision.

Color Perception: The measurement of color vision requires a carefully manufactured set of test plates that allow the patient to distinguish them on the basis of hue and not brightness. A person with no color vision might match colors on the basis of brightness since not all colors appear equally bright. It is probably more of a nuisance than a handicap to have a color vision impairment.

Related Terms

Color blindness: This term is a poor choice. Very few people have absolutely no color vision and even then they would hardly be blind.

Color deficient: This is a better term than "color blind" since most people with a color vision impairment can still distinguish some colors.

Intraocular Tension: The pressure within the eye is measured in terms of millimeters of mercury. Generally speaking, measurements greater than 22 mmHg are tending toward the high side. It is important to remember that one might not have glaucoma even with rather high pressures and might have glaucoma with relatively low pressures. Other tests are necessary to make the diagnosis of glaucoma.

Fundus Examination: Anatomically speaking, a fundus is a sack-like structure in the body. In a eye report we are referring to the eyeball. The area that is examined is the retina which forms the inner lining of the eye.

Related Terms

Ophthalmoscope: The instrument used to examine the retina.

Mydriatic: A drug which causes the pupil to dilate.

Diagnosis: It is important to determine a precise diagnosis in order to implement proper treatment plan. One particularly important aspect of the diagnosis concerns the future control of visual impairments and that is the determination of genetically inherited disease states. Everyone with an inherited eye disease should receive genetic counseling. This is not to imply that they should be told not to have children but rather that they should be allowed to make the choice in an informed manner. It is also important to reach their other family members who may be of child bearing age and who may be unknowing carriers of that genetic trait.

Treatment: Treatment may be divided into two types: immediate and follow-up. It is unfortunate that a large number of people are "lost to follow-up" because they did not understand or did not receive the total treatment plan. Immediate treatment may include surgery, pharmaceutical agents, glasses, low vision aids, mobility training, genetic counseling, and orthoptics (training).

A Few Guidelines

- The treatment plan should be explained to the patient and any others (teachers, counselors, family members) who will be instrumental in following through with that plan. As a consumer of eye care you should receive satisfaction in this area or seek another provider of that care.
- Persons with reduced visual acuity should have a low vision examination by a specialist in that field to determine if any low vision aids might be of benefit to them. It is not safe to assume that this is a routine part of any eye examination.
- Persons who have only one useable eye or who have one eye that is decidedly better than the other should wear glasses, even if they have no refractive error, for the protection of their one remaining eye.
- Contact lenses are the treatment of choice in some eye conditions and should not always be considered a luxury item. Additionally, it is never a question of glasses or contact lenses since glasses must also be provided for those times when the contact lenses are not worn. Contact lenses are not prescribed for fulltime wear. Ten to 15 hours a day is the usual maximum.
- Just as a drug may be tried unsuccessfully, so might glasses. This is not unusual and should not be unexpected.
- Low vision aids are frequently difficult to use and the patient must be trained in the proper use of that aid for best results.
- There are good quality frames and lenses and poor quality frames and lenses. The good quality materials cost more.

- Using your eyes will not wear them out or make them weaker. There is no possibility of damage to the eyes using strong glasses, low vision aids or by reading material held very close to the eyes.

Prognosis: A prognosis is exactly that! It is not a promise. We can only make a best guess about the prognosis of any eye disease and there is always the chance that it will be wrong. Vision is a wonderful sense to have and it should be utilized to the maximum for as long as it lasts.

Performance Implications of Some Common Eye Pathologies: There are many variations among people with the same eye disease. The following are generalizations only.

Macular degeneration: Reduced visual acuity, loss of central vision and hence eccentric viewing, color vision deficiencies.

Cataract: Overall decreased acuity, variable effects of light, frequently photophobic.

Glaucoma: Decreased visual fields, probably taking drops or tablets fluctuating vision, may experience episodes of pain.

Retinitis pigmentosa: Poor night vision, decreased visual fields, often associated with other eye disease such as cataracts or macular degeneration an inherited eye disease - genetic counseling for patient and family.

Diabetic retinopathy: Fluctuating vision, isolated field losses.

Optic atrophy: Overall acuity loss, color vision deficiencies.

Nystagmus: Usually secondary to a visual loss, may decrease or be more comfortable in a different field of gaze hence the patient has a head turn.

Albinism: Frequently have large refractive errors, photophobia, less developed retina and hence reduced visual acuity, nystagmus.

Summary: To interpret an eye report you need a basic understanding of the related vocabulary, the usual tests and the more common eye pathologies. The best source of interpretation should be the examiner who will always be willing to explain his or her findings and recommendations. If not, find a new examiner.

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